

Four cases have been or are under treatment in St. Thomas's, and in two, very great benefit appears to have been derived; the patients, meanwhile, not being restricted in any way as to the use of vegetable diet. Shaving the scalp, blisters to the nape or scalp, and small, repeated doses of mercury have been the chief measures adopted.

19. *Topical Uses of Iodine.*—The value of iodine as a counter-irritant is year by year becoming more generally appreciated, and is yet much less so than it deserves. The iodine solution will probably, before long, entirely supersede mustard plasters, being at once more efficient, and much less disagreeable in its employment. The following notes on its applications will, perhaps, not be useless; they are the results of very extended observations in the hospitals generally, but more especially in those devoted to the treatment of diseases of the chest—1st. In the pleuritic stitches, or aching pains in the chest, so commonly recurrent in the course of phthisis, the iodine paint,¹ applied over the affected spot, usually affords, without any expense to the vital powers, much more relief than either leeches, sinapisms, or blisters. It may be used in almost all conditions of the system with perfect safety. 2d. In cases of aphonia or hoarseness, depending on inflammatory thickening of the parts concerned in the production of voice, great benefit may be derived from painting the iodine over the front of the throat externally. 3d. If the mucous lining of the fauces, etc., be thickened and congested, the solution may, without risk, be freely applied to the part itself. 4th. In the treatment of chronic enlargement of the tonsil, the application of iodine to the gland itself will sometimes effect a cure, but is much less generally efficient than constitutional treatment. 5th. In cases of chronic pleuritic effusion, or of consolidation of the lung, the solution should be painted over a large extent of the diseased side, and is of great service when the period for blistering or leeching has passed. 6th. Applied extensively over the belly, iodine is a useful counter-irritant in the incipient stages of strumous peritonitis. 7th. In strumous ophthalmia, the application of the pharmacopœial tincture to the skin of the lids is often effectual in relieving intolerance of light; much benefit may also be derived from like practice in cases of granular lids. In both instances, frequent repetition is necessary. 8th. In all forms of periostitis, whether syphilitic, strumous, or the result of injury, iodine paint is invaluable. 9th. It is needless, perhaps, to mention the employment of iodine as a local application to bronchocele, to inflamed joints, and to enlargements of the absorbent glands; with regard to the latter, a point is worthy of being borne in mind, to which Dr. Budd was, we believe, the first to direct attention, viz., the propriety of applying it to the skin beyond, and not over the affected gland, so as to allow of its being absorbed and taken through the gland in the course of the lymphatic circulation. 10th. Injections of iodine into the cavities of abscesses, glandular or otherwise, appear most frequently to produce good results, and to be unattended, except in very exceptional instances, by any risk. The theory of their use is, that they provoke adhesive and not suppurative inflammations, as, for instance, in the radical cure of hydrocele. 11th. In cases of contracted cicatrices after burns, in which treatment by extension is adopted, the application of iodine is of advantage in causing the absorption or softening down of the indurated structure. Some cases illustrative of this have recently been under care in the Middlesex Hospital. Care must be exercised, or ulceration may be caused. 12th. In cases in which the patient cannot be got to swallow medicine, as now and then happens in phagedæna of the throat, the specific influence of iodine may be induced by its endermic application, the best method being to paint over large surfaces of skin the pharmacopœial tincture, choosing a different part each time.

¹ The following is the formula for the solution alluded to:—*R* Iodinii $\mathfrak{z}\text{i}$; *sp. vini rectificati* $\mathfrak{z}\text{i}$; *Ft. solutio*. This should be allowed to stand by in a glass-stoppered bottle for some months before required for use. It then becomes thick and syrupy, rapidly dries when applied to the skin, and does not run. It should be applied with a camel-hair brush, one, two, three, or more coatings, according to the wished-for effect.

The reason why, as a counter-irritant in all forms of chronic inflammation, iodine appears so superior to other applications, is doubtless to be found in the fact that it is capable of absorption, and may thus act beneficially in two distinct methods.

We have enumerated above some of the chief uses to which the iodine solution is daily put in the practice of the London Hospitals, but do not profess to have mentioned all. These are, however, enough, we think, to prove its right to a place on the dispensing table of every Medical practitioner.—*Med. Times and Gaz.* April 8, 1854.

20. *Abortive Treatment of Smallpox by Zinc Plaster.*—Dr. JOHN HUGHES BENNETT remarks that the efficacy of the mercurial plaster in preventing pitting in cases of smallpox is well established; but excessive and dangerous salivation has been occasioned by it; and he asks whether the mercury is necessary for the success of the treatment. "Its original propounders in Paris," he remarks, "may, indeed, have supposed that the absorbent powers of the drug was the true cause of its success, but it seems to me that another explanation may be offered. There is, for instance, a close analogy between the mode of healing of wounds and ulcers, so well described by Dr. Macartney of Dublin—that is, the so called 'modelling process'—and what takes place in the ectrotic treatment of smallpox. In the former, cicatrices are far less liable to be produced than after healing by the first or second intention; and in the latter, the pitting or cicatrization is prevented. The artificial plaster, therefore, takes the place of the natural scab or clot of blood, protects the parts below, and enables them to heal slowly but more perfectly than if exposed to the air uncovered and uncompressed by superjacent crusts. If this be the correct theory of the ectrotic treatment, the mercurial might be discarded, and any kind of plaster which would concrete on the face, might be expected to produce the same beneficial result. This session, I determined to try the effects of such a plaster, and after two or three failures have succeeded in procuring one that answers perfectly. The first case I treated with simple lard, thickened with starch and powdered charcoal, but it was so little coherent, that the patient, during the night, rubbed it off on her pillow or with her hands, and on her recovery she was pitted all over. In another case I tried carbonate of magnesia saturated with oil. But this also failed. In a third case, however, common calamine (*zinci carbonas*), saturated with olive oil (proposed by Mr. Bird, one of the clinical clerks), formed a coherent, tough crust, which remained on the face, and was found to answer well. Three cases of natural smallpox have been since treated in this manner with the result, not only of preventing the pitting, but of diminishing the local and general symptoms, exactly in the same manner as I have formerly detailed, as being the effect of the mercurial plaster. The following is one of these cases:—

"Alexander Ross, æt. 13, never been vaccinated, was seized with shivering on the 7th January, followed by the usual symptoms of fever. Entered the Infirmary on the 9th, when a few papules were observed on the face and arms. On the 12th, the face was thickly covered with vesicles, which from their closeness would certainly have become confluent. The mask of calamine and oil was now applied. The disease ran its usual course, the eruption being confluent on the arms and trunk. Throughout the progress of the case, the application of calamine saturated with oil preserved a firm and coherent crust, and was renewed from time to time. The patient experienced no smarting of the face, there was no swelling of the eyelids, no purulent discharge, or local unpleasant symptoms of any kind. The secondary fever was tolerably smart, delirium being present two days. On the 22d the mask came off, leaving a clean smooth surface, free from all trace of pitting. Dismissed quite well on the 26th.

"The following formula, after numerous trials, has been found to constitute the most efficient plaster: Carbonate of zinc, 3 parts; oxide of zinc 1 part, rubbed in a mortar with olive oil to a proper consistence."—*Monthly Journ. Med. Sci.* April, 1854.